

REPORTS INVENTORY						CONTROL NO.							
PREPARE IN DUPLICATE						(RAD-3)							
1. TITLE OF REPORT (If a fill-in report include Form No.) Report of Accomplishments						2. TYPE OF REPORT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/> STATISTICAL</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> NARRATIVE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> MACHINE-NAME LISTING</td> </tr> </table>		<input checked="" type="checkbox"/> STATISTICAL	<input checked="" type="checkbox"/> NARRATIVE	<input type="checkbox"/> MACHINE-NAME LISTING			
<input checked="" type="checkbox"/> STATISTICAL													
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<input type="checkbox"/> MACHINE-NAME LISTING													
3. FUNCTIONAL AREA		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/> PERSONNEL</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> TRAINING</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> LOGISTICS</td> <td style="text-align: center;"><input type="checkbox"/> SECURITY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> MEDICAL</td> <td style="text-align: center;"><input type="checkbox"/> FINANCE</td> </tr> </table>		<input checked="" type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING	<input type="checkbox"/> LOGISTICS	<input type="checkbox"/> SECURITY	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> FINANCE	ADMIN. GENERAL OTHER (specify)			
<input checked="" type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING												
<input type="checkbox"/> LOGISTICS	<input type="checkbox"/> SECURITY												
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> FINANCE												
4. NO. OF COPIES PREPARED 5		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annually		6. DISTRIBUTION (No. of components not number of copies) 1									
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/> YES</td> <td style="width: 50%; text-align: center;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> NO</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	<input type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT OPM					
<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.												
<input type="checkbox"/> NO													
10. PREPARING COMPONENT (include lowest level contributing information to report) RAD			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Source material obtained from reports submitted during the period.										
12. COST FACTORS													
A. MANUAL PREPARATION AND REVIEW COSTS													
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED	=	COST PER YEAR				
1 @ 15	12.10		12		145.30								
1 @ 7	6.42		3		19.32								
					\$164.62		1		\$ 164.62				
B. COSTS OF COMPUTER PRODUCED REPORTS													
TOTAL COSTS PER YEAR													
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.													